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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Dock t Number IGC-102**First Named Inventor** Xing Yuan**COMPLETE IF KNOWN****Application Number****Filing Date****Art Unit****Examiner Name****As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method And Apparatus To Trigger Supercondutors In Current Limiting Devices

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

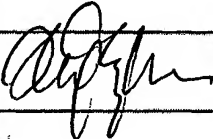

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below	
Name George L. Rideout, Jr.			
Address 4400 Abbott Grove Drive			
City Crestwood	State KY	ZIP 40014	
Country USA	Telephone (502) 452-7792	Fax (502) 241-5039	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Xing (first and middle [if any])		Family Name Yuan or Surname	
Inventor's Signature 		Date 6/24/03	
Residence: City Albany	State NY	Country USA	Citizenship USA
Mailing Address 5 Edison Ave.			
City Albany	State NY	ZIP 12208	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Drew Willard (first and middle [if any])		Family Name Hazelton or Surname	
Inventor's Signature 		Date 6/24/03	
Residence: City Selkirk	State NY	Country 12158	Citizenship USA
Mailing Address 70 Fairlawn Drive			
City Selkirk	State NY	ZIP 12158	Country USA
<input checked="" type="checkbox"/> Additional Inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Michael Stephen		Family Name or Surname Walker	
Inventor's Signature <i>Michael S. Walker</i>		Date 6/24/03	
Residence: City Albany	State NY	Country USA	Citizenship USA
Mailing Address 14 Greenway South			
Mailing Address			
City Albany	State NY	ZIP 12208	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Xing Yuan
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	IGC-102

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
George L. Rideout, Jr.	43,880

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

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☐ Practitioners at Customer Number.

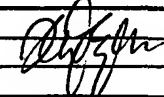
OR

<input checked="" type="checkbox"/> Firm or Individual Name	George L. Rideout, Jr.				
Address	4400 Abbott Grove Drive				
Address					
City	Crestwood	State	KY	Zip	40014
Country	USA				
Telephone	(502) 452-7792	Fax	(502) 241-5039		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name	Xing Yuan				
Signature					
Date	6/24/03			Telephone	(518) 346-1414-3028

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Xing Yuan
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	TGC-102

I hereby appoint:

☐ Practitioners at Customer Number → Place Customer
Number Bar Code
Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
George L. Rideout, Jr.	43,880

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OR

☒ Firm or Individual Name George L. Rideout, Jr.

☐ Address 4400 Abbott Grove Drive

☐ Address

☐ City Crestwood State KY Zip 40014

☐ Country USA

☐ Telephone (502) 452-7792 Fax (502) 241-5039

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Drew Willard Hazelton		
Signature	<i>Drew W Hazelton</i>		
Date	 6/24/03	Telephone	(518) 346-1414/3026

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Ying Yuan
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	TGC-102

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
George L. Rideout, Jr.	43,880

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ Practitioners at Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	George L. Rideout, Jr.				
Address	4400 Abbott Grove Drive				
Address					
City	Crestwood	State	KY	Zip	40014
Country	USA				
Telephone	(502) 452-7792	Fax	(502) 241-5039		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Michael Stephen Walker		
Signature	<i>Michael S. Walker</i>		
Date	6/24/03	Telephone	(518) 459-9081

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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